

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17419

State File No. _____

Registrar's No. 587

Primary Registration District No. 1000

Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Washington
(c) Name of hospital or institution:
R3 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 20 yrs
years, months or days

3. (a) PRINT FULL NAME Samuel J. Pistole

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Mae Wilson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 5 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Platte Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Robert Pistole
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Williams
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Pistole
(b) Address R3 St Joseph Mo
17. (a) Burial (b) Date thereof 5-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Whitesville Mo

18. (a) Signature of funeral director Fleeman Son Inc
(b) Address 1946 Calhoun St
19. (a) 5-21-43 (b) One Heigog
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. R3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1943 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from May 18
43 to May 19, 1943
that I last saw him alive on May 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to Myocardial insufficiency

Due to _____

Other conditions (Include pregnancy within 3 months of death) grip

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Arthur Rumbly (M. D. or other)
Address St Joseph Mo Date signed May 19 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentices No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.